

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	XX	629861	8/5
O.I.P.E. CLASSIFIER		20	8/10
FORMALITY REVIEW	TL	JC 902	9/18/00
RESPONSE FORMALITY REVIEW	DL	6771E	3/12/01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
10-26-99	
3-23-00	
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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